WEST RIDING OF YORKSHIRE COUNTY COUNCIL.

FIFTEENTH

ANNUAL REPORT

OF THE

School Medical Officer,

ON THE

Medical Inspection and Treatment of School Children,

For the Year ended 31st December, 1922.

Presented to the Child Welfare Sub-Committee, April 4th, 1923.

S. C. & S., O.

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CHILD WELFARE SUB-COMMITTEE.

Consisting of 12 Members from the West Riding Education Committee and 12 Members from the West Riding Public Health and Housing Committee.

County Alderman A. K. Blackburn.
,, ,, J. J. Brigg.
,, ,, L. Cresswell (Vice-Chairman).
,, ,, W. A. Durnford.
,, ,, D. Hardaker.
,, ,, Sir J. P. Hinchliffe.
,, ,, P. R. Jackson.
,, ,, S. Jagger.
,, ,, J. Thornton.
,, ,, B. Turner, M.P.
,, ,, Miss Hermione Unwin.
County Councillor F. Blakeley.
,, ,, J. Drabble.
,, ,, R. Gill.
,, ,, H. J. Hibbs.
,, ,, Dr. G. B. Hillman.
,, ,, J. R. Mawson.
,, ,, R. N. Penlington.
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,, ,, Lady Mabel Smith.
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,, ,, E. C. Woodman.
Miss M. Hinchliffe.
Mrs. E. Thorpe.

Report of the School Medical Officer

For the Year ended 31st December, 1922.

In this Report the suggestions of the Chief Medical Officer of the Board of Education are followed as closely as possible, and the numbering of the Sections and Sub-Sections corresponds to "Schedule to Form M. 6, Dec., 1920."

Extent of Area, Number of Schools, etc.—The West Riding Elementary Education Area consists of 1,610,827 acres, and includes 853 Public Elementary Schools or 1,227 Departments, and in December, 1922, there were 192,669 scholars on the roll.

For educational purposes this area is mapped out into 117 districts, in each of which there is a District Sub-Committee, and these again are grouped into 25 Divisions, each with a Divisional Clerk as the local representative of the Education Authority.

STAFF.

School Medical Officer and County Medical Officer — Jas. Robt. Kaye, M.B., C.M., D.P.H.

Asst. School Medical Officer—Reginald Lawrence, M.D., D.P.H.

Area. No.	Area. Centre.	School Medical Inspectors.
1	Keighley ...	William B. Watson, L.R.C.P. & S.
2	Ilkley ...	Nora M. Allan, M.B.
3	Harrogate ...	Josephine Coupland, M.B., B.S., D.P.H.
4	Halifax ...	Janet M. Macmillan, M.B.
5	Leeds ...	Leslie D. Stephen, M.B.
6	Wakefield ...	George W. Fleming, L.R.C.P. & S., D.P.H.
7	Pontefract ...	James Wm. Cairns, M.D., D.P.H.
8	Huddersfield	Lydia K. Kerr, M.B., D.P.H.
9	Barnsley ...	Archibald C. Lindsay, M.B.
10	Doncaster ...	Edward J. Tyrrell, M.D.
11	Rotherham ...	Lilian M. Davy, M.B., D.P.H.
12	Sheffield ...	John Teare, M.D., D.P.H.
		School Dentists.
3	Harrogate ...	George M. Raeburn, L.D.S.
6	Wakefield ...	Bernard R. Townend, L.D.S.
8	Huddersfield	Walter H. Petrie, L.D.S.
10	Doncaster ...	James M. Macdonald, L.D.S.
12	Sheffield ...	Stephen P. Ludbrook, L.D.S.
		Part-time School Dentists.
	Castleford, Normanton	Claud Wyatt, L.D.S.
	Worsborough	Arthur Bowler, L.D.S.
		School Oculists (part-time).
		Dr. H. Tomlin.
		Dr. W. Oliver Lodge.

Staff (continued).	No. on Staff
School Nurses who assist School Dentists (whole-time)	6
School Nurses (whole-time)	8
School Nurses and Health Visitors (whole-time) ...	88
School Nurses employed by District Nursing Associations and Local Authorities (part-time) ...	64
Clerical Staff—School Medical Inspection Section ...	5

GENERAL.

The year 1922 has not been marked by any considerable development in School Medical Inspection. It has on the contrary been hampered by the prevailing financial stringency which has compelled reductions in the expenditure. This has affected the working of the School Clinics more than any other department. The occasional issue, at the School Medical Inspector's discretion, of some simple medicine, such as Cod Liver Oil and Malt, to children in very poor circumstances has entirely ceased. The range of ointments used in treating simple skin disorders has contracted, and the number now in use is very small—is, in fact, the irreducible minimum.

No new School Clinics have been opened.

The general economic condition of the County, especially in the industrial areas, has been a cause of some concern. In the coal-mining area the resumption of work in October, 1921, after the trade dispute, has been followed by successive reductions in wages, until at the end of 1922 the coal-miners were receiving small earnings. In the "woollen area" in the West of the county the trade has shown a slight improvement during 1922.

One new school of permanent type has been opened at Rossington to replace temporary premises. This district is being rapidly populated owing to the development of coal-mining in the district.

The whole of the County is not yet served by the Dental service. The same may be said of the Oculist's work.

Since the cession of area to Sheffield and Barnsley, in November, 1921, no further change in the area administered by the County Council has taken place.

Staff Changes.—The Medical Inspection Staff is unaltered, except for the Oculist. Dr. Joll resigned in December, 1921, and there was some difficulty in appointing her successor. The Committee made the experiment of appointing as part-time oculists, medical men who are in consulting practice as Ophthalmic Surgeons, hoping by this to secure stability in the staff. Dr. Tomlin, of Huddersfield, was appointed to work in an area round Huddersfield, and Dr. Oliver Lodge to work in an area round Bradford.

(2) CO-ORDINATION (See Report for 1921).

The whole of the Medical Services have passed under the scrutiny of a special Committee appointed to investigate the working of the various departments, and emerged without any overlapping having been discovered.

The co-ordination of services and the avoidance of overlapping has always received special study, and the present method of working is the result of several years' experience. It has always been the aim to reduce each nurse's area to workable dimensions and make the Health Visitor responsible for all the Public Health "nursing" in her area. She now does the School Nursing, Health Visiting and the management of Child Welfare Centres.

The relation of the sixteen Urban District Councils which are "The Authority" under the Notification of Births Act remains the same. With the exception of Mexborough they adopt Record Cards for Birth Enquiries, which are uniform with those used by the West Riding County Council, and these are available for the School Medical Inspectors when the child enters school at five years of age.

The co-operation of the Tuberculosis Staff has been mentioned in previous Reports. The County Laboratory provides unrivalled facilities for Clinical Pathology. It has proved exceptionally useful to doctors and nurses at School Clinics in giving the last word on the completeness or otherwise of the success in the treatment of Ringworm.

"The Care of Debilitated Children under School Age" has no special machinery for its prosecution, but a year's observation has confirmed me in the opinion expressed in the previous Report that such children are known to the Health Visitor and are the object of special solicitude. The frequency with which such children are brought to Child Welfare Centres and the regularity with which they attend convince me that as far as official means are available these children are in no danger of neglect.

Such visits as I have made with Health Visitors to the homes of school children assure me that she is generally liked, is referred to for advice and help, that she is conversant with the home conditions, and that, to a much greater extent than statistical records show, she is of frequent service to the people she is designed to help.

(3) THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

School premises continued to be the subject of Special Reports by the School Medical Inspectors, chiefly on lack of ventilation, character of playgrounds, etc. All such criticisms are forwarded to the Education Department, and from them to the District Sub-Committee for their remarks.

The sanitary condition of the schools depends to a large extent on the zeal and thoroughness of the caretaker. One factor which is very difficult to combat is a low standard of cleanliness in the use of the offices. When an appalling instance of abuse of these offices is pointed out it is alleged to be due to the use of them by unauthorised persons after school hours.

(4) MEDICAL INSPECTION.

(a) Description of Arrangements.

The Board of Education Schedule of Medical Inspection has been followed completely. The Head Teacher receives a preliminary notice and estimates the number of children in each age group which is due for examination. When the date of inspection is fixed he sends out notices to parents and gives them an appointment to enable them to be present when their children are examined.

The Head Teacher fills up the Record Cards for each child, with the height and weight and regularity, or otherwise, of the child's attendance at school. The child's academic progress is not entered, but children who are unsatisfactory in this respect are often presented as "Specials" (see next paragraph). Several School Medical Inspectors (while careful to disclaim any wish to criticise the teachers adversely) have reported with satisfaction how often they have been able to point out a defect of hearing or (less often) of vision in these cases, which have been hitherto unsuspected by the teacher. Children who are deaf will often be found to be the most attentive in a class. In fact, an almost painful attentiveness may be the sign which calls attention to them. To overcome the handicap of deafness they often become expert "lip readers." While they are watching the teacher they learn fairly well, though perhaps at the cost of excessive effort and strain, but when their attention is wandering from the teacher his words pass by them.

The age groups examined have been (I) Entrants, (II) Intermediate group (8 years old), (III) Leavers Group (12-14 years). A "Special" group is one of varying dimensions and includes children not in one of the "age groups" due for routine examination, but who for any reason appear to require a medical examination.

The Medical Inspectors are now instructed to review all the children wearing glasses or for whom glasses have at some time been prescribed, in order to see that the spectacles supplied are suitable, and to combat the tendency to discard spectacles without permission and the *laissez-faire* habit of not having them repaired when broken.

"Re-inspections" of those children who at previous inspections have been found defective in some respect are regularly made. They include children who may have been examined as long as two years ago. It has been pointed out to me that this has a value which I did not anticipate, viz., that the cumulative

effect of inspection and re-inspection is to convince sceptical parents that the School Medical Inspector believes in his recommendation of treatment and, further, that he takes a personal interest in the subject of his recommendation.

(c) Early ascertainment of Crippling Defects.—The Education Department has a complete list of children of school age who by reason of serious physical defect are unable to attend school. These are examined periodically by the School Medical Officer or members of his staff.

Children whose physical defect does not produce such severe crippling as to prevent their attendance at school are examined by the School Medical Inspectors and are the subject of special report.

Below School Age.—Children below school age are known to the Health Visitor and School Attendance Officer of the district. Many are on the registers of the Child Welfare Centres but they are not systematically registered. A diminution in the number of seriously crippled children may be confidently anticipated before many years. Early treatment is essential to good results in the prevention of deformities and to the preservation of such function as disease has left. The intensive study, during and after the war, of Orthopædic Surgery, which was largely focussed on preservation and improvement of function after injuries to the nerves of a limb, has given such gratifying results that one may justifiably entertain some optimism that we are within measurable distance of some diminution of defects of this nature. In addition the treatment of "surgical tuberculosis" of bones and joints has become so successful in its conservancy that one never hears now of a surgeon "pluming himself" on the successful excision of a joint. The great desideratum then in the prevention of crippling deformities is the securing of early treatment and perseverance in it when begun and the Health Visitor will be a considerable factor in achieving this end.

(d). Very little disturbance of school arrangements takes place, and even if the disturbance were greater it could be argued that the inspection itself was an item of instruction.

5.—FINDINGS OF MEDICAL INSPECTION.

A complete statistical account of the findings of Medical Inspection is given in the Appendix.

(a) Uncleanliness.

Of 53,979 examined during the year, 5,655 were referred for treatment on account of uncleanliness of head or body and 437 were noted for observation. These figures are closely proportionate to those of 1921, and an improvement on previous years. The School Medical Inspectors continue to deplore the presence in school of a few flagrant cases (the children of shameless parents), which act as reservoirs of infestation and nullify

to some extent the efforts of nurses and teachers in maintaining a high standard of cleanliness.

(b) Minor ailments include Blepharitis, Conjunctivitis, Ringworm, Scabies, Impetigo, Eczema, Septic Sores and minor injuries, and are referred to under separate sections.

(c) Tonsils and Adenoids.—In the examination of 53,979 children, increase of the adenoid tissue of the nose and naso-pharynx was noted in 4,137 cases as requiring treatment and 1,324 were noted for observation. In Table II. (Appendix), these are further classified as "Enlarged Tonsils," "Adenoids," and "Enlarged Tonsils and Adenoids." Considerable caution is exercised in recommending surgical treatment for these children. The chief symptom is "mouth breathing," and as it is not possible to verify the deduction of adenoids in school by examination with the finger, in children with this habit it becomes of great importance to realise the exact significance of this habit. In some cases it is due to temporary obstruction of the nose by catarrh, in others it is a habit left by previous temporary obstruction. In many cases no operation is needed. It can be corrected by simple medical treatment and the cultivation of correct habits of nasal hygiene and breathing. But where other sequela, such as impaired hearing, constant nasal catarrh, or frequent attacks of sore throat, are present, operation at the earliest date is necessary.

(d) Tuberculosis.—Definite Tuberculosis of the lungs was noticed in 212 children examined at routine inspections, and in 53 children presented for special examination. It was suspected in 396 routine cases and in 98 specials. Diagnosis in these cases is extraordinarily difficult, and the fact that there are no **reliable** laboratory checks, such as blood reactions, available, makes the diagnosis a matter of conjecture in a large number of cases. The *Tubercle Bacillus*, the presence of which in the sputum would clinch the diagnosis, is often absent except in cases which are approaching a fatal termination. The blood tests, sedimentation or complement fixation, are too complicated for every-day use, and further, have not yet successfully made good their claim to be admitted to the "canon" of recognised tests. Diagnosis therefore depends on the skill which the examiner cultivates in his finger tips and his hearing and the judgment with which he elicits and interprets these signs and the patient's history. The Medical Inspectors refer these cases, with the approval of the patient's doctor, to the nearest Tuberculosis Dispensary, where they remain under supervision and may, if necessary, be drafted into a Sanatorium. Dr. Davy makes special reference to the frequency with which she has found the first sign of Tuberculosis in the lungs at the base and not at the apex of the lungs, as is common in adults. In these cases the diagnosis was confirmed by the District Tuberculosis Officer.

In connection with the subject of Pulmonary Tuberculosis and Pulmonary diseases generally, Dr. Davy calls attention to an innovation in the seating arrangements (probably adopted for some good educational reason) by which the infants sit facing each other in groups at small tables. Looked at from the Medical Inspector's point of view, this seems calculated to spread catarrhal disease, in which the infective material is launched into the air on minute particles of saliva during loud speech or coughing. Greenwood and Collins ("The Health of the Industrial Worker") lay down that workpeople should not sit opposite one another at a less distance than 4 feet. It is worth considering whether, in the interest of infants who are specially liable to catarrhal affections, the educational advantages of this grouping outweigh the possible increase of infectibility.

(e) Skin Diseases.—Of children examined at routine medical inspections 2.5% were found suffering from some kind of skin complaint, and this may be taken to be the incidence of skin diseases throughout the schools at any time during the year. The figure for special or non-routine cases is 10%. The diseases are chiefly Ringworm of the head and body, Scabies and Impetigo. The diagnosis of Ringworm is greatly aided by the work of the Laboratory at the County Hall in the microscopical examination of suspected hairs, and similar help is given in ascertaining when the disease is cured. In two instances a considerable increase in the amount of ringworm followed holidays, when the children did not attend the school clinics as regularly as during school term. Much difficulty is experienced in making children wear the special caps provided. Very few parents wash and iron the caps for further use.

Table II. in the Appendix shows a welcome drop in the occurrence of *Scabies*. This disease seemed to be at the summit of its incidence during and shortly after demobilisation of troops after the War. Its cure is not difficult. Its continuance is due to ignorance, in the home, of the way in which it is propagated.

Impetigo remains at about the same level.

(f) External Eye Disease.—Dr. Kerr (Huddersfield area) gives an analysis of 148 cases of external eye diseases. The ing cases were met with:—

Blepharitis ...	... 93	Keratitis	... 3
Simple Conjunctivitis	... 20	Styes	... 7
Phlyctenular ,,	9	Tarsal Cysts ...	... 2
Ulceration of Cornea	... 2	Dacryo-Cystitis ...	... 2
Opacities of Cornea	... 10		

"The simple inflammatory conditions are mostly due to "unsatisfactory surroundings and poor nourishment. In analys- "ing the above cases I find that 66% suffered from poor nutri- "tion, associated with Anæmia, and 45% came from poor "homes." The association of inflammatory and ulcerative

diseases of the eye with poor nutrition is one of the agreed facts pointing to its causation. These conditions are apt to recur—to produce considerable scarring and to be associated, in their worst forms, with great intolerance of light, so that the victim is miserable in the sun and goes about with shades over its eyes or with eyes almost completely closed, or rather just open so much as to give it guidance in moving about. Some of the children who cannot attend school belong to this class. All these children are worthy of complete examination to determine the exact causation. An error of refraction can be easily remedied and may be the existing cause of the condition.

(g) Vision is tested by Snellen's test type—a series of graduated letters which the normal eye can see from standard distances. Owing to their inability to read—and their unreliability—children of the entrant group are not tested. This test detects all cases of myopia, or short sight, and cases of hypermetropia, or long sight, of considerable degree, but children with slighter degrees of hypermetropia are able, owing to the power of their intra-ocular muscle and the elasticity of the lens, to overcome this defect, though often at the cost of excessive effort and discomfort.

It sometimes happens, therefore, that tested by Snellen's test only, a number of children are able to read all the letters of the test type as though they had normal vision and yet have some degree of hypermetropia. Dr. Teare suggests the value of systematic search for this in children who, though passing the distance test successfully, do so slowly or with slight imperfections. If a weak convex lens is put up in front of the eye and the child still reads as well as or even better than before, the child has at least some measure of defect, the amount of which can be measured by the strongest convex lens, which still enables him to pass the distance test. (There is always a larger degree of defect which can only be detected by other means.) The practical bearing of this suggestion is really a question of the time required to carry it out. It would, of course, be interesting to know how many children there are who pass the test for normal visual acuity and yet have some error of refraction with or without symptoms.

Dr. Macmillan, in an interesting analysis of visual defects (which cannot be reproduced here) points out the regularly occurring preponderance of visual defects in girls of 11 and above, over boys of the same age. What the factors of this preponderance are is not known, though it is hazarded that they are "more near work" and "a greater tendency to adopt faulty positions" at work. These two possible causes, if operative, are preventible.

Dr. Teare mentions a practical point which may be useful in persuading incredulous parents that a child's vision is defective and is capable of improvement. The child who cannot see the letters of the test type in the ordinary way can often see the

whole of them when looking through a "pin hole." When this is the case it is a convincing demonstration of the defect and the degree of improvement that can be effected by suitable spectacles.

Clothing is, in general, good. A rough estimate places the children who are definitely underclad at about 1 in 1,000. At the same time many are unsuitably clad, wearing too much clothing about the body. Probably this is the result of solicitude on the part of the parent. Dr. Watson remarks that the fashion nowadays "decrees that children of all ages should "show as much bare leg as possible, and it is frequently necessary "to point out that this skin surface simply serves to radiate the "warmth manufactured in the overclothed trunk."

Dr. Fleming associates the frequency of colds and bronchitis with unsuitable clothing—i.e., with not having woollen clothes next to the skin—evenly distributed over the trunk and limbs.

Dr. Cairns has received the impression that in his area (Pontefract) there has been a distinct falling off in the quality of the clothing, and this he attributes to the prevalence of unemployment.

Dr. Allan, while not meeting many cases of insufficiency of clothing, came across a small boy one cold November morning with only a cotton shirt and muslin vest to the upper part of his body. The mother pleaded poverty and husband's unemployment for the last two years. It was found that during the previous winter this child had been supplied by the Care of Children Committee with two woollen shirts, stockings and boots, and that several of the neighbours had supplied woollen suits, but all had disappeared.

This is closely approached by the cases where the teachers make personal sacrifices to provide clothing for needy children, and where the clothing is worn without a saving stitch until it can no longer serve.

Footgear is more frequently open to criticism than clothing. Dr. Cairns (Pontefract area) says, "Boots, particularly, I found to be bad, and it was no uncommon sight to see children wearing two right or two left boots." There is no doubt this indicates the desperate extremity of home conditions. Several School Medical Inspectors, writing on the state of the schools, urge the desirability of the children wearing shoes in school. Dr. Watson reports that in one school this is done. Shoes were provided from a fund raised by a concert, and are the property of the school.

Malnutrition.—The great desideratum at the present time is the adoption of a simple uniform standard to express numerically the individual and average nutrition of any child or group of children. General impressions of children in bulk are very useful in helping to form an estimate of the standard, but they

do not permit the accurate comparison of different schools or different areas.

The question of the ill-nourished child is probably the most important one which presents itself to the School Medical Inspector. Such a child cannot take advantage of school life to the same extent as a robust child, it forms the bulk of those children who have to be exempted from school for long periods, it forms the majority of those children who are sent to West Kirby Convalescent Home. It is generally considered to be "pre-tubercular" if it is not actually diagnosed as suffering from Hilus Tuberculosis, i.e., tuberculosis of the glands at the root of the lungs, and suffers generally from indifferent health. When its low standard of health drops still lower it has to stay away from school, and the period of exemption from school intended to give it rest and fresh air is often spent indoors. It would be much better off in an open-air class.

The causes of malnutrition can seldom be diagnosed with absolute certainty, although it can be safely hazarded that the general management, i.e., diet, regularity and adequacy of hours of sleep, and home conditions, are faulty. Faults in diet are not always due to ignorance, for parents at interviews will show themselves fully conversant with ideal dietaries for children. Dr. Fleming has observed great improvement in children when they go to a secondary school, where a good mid-day meal is provided, and attributes the improvement to the regularity and quality of this meal.

Dr. Nora Allan reports that several teachers in the Infants' Departments get the children to bring a half-penny daily, and for this each child gets a cup of warm milk at playtime. The infant mistress at Grassington herself supplies each child with a cup of cocoa daily in the winter. One of the bye-products of this benevolent organisation which has been pointed out to me is that the children eat the lunch which they bring from home in an orderly manner, and do not strew the playground with the paper in which their lunch was wrapped.

It is not always that a knowledge of a good dietary is wanting, for at interviews the parents will often show a good acquaintance with suitable dietaries for young children. Probably the facilities for cooking at home are defective, or the mother may be wanting in the necessary craftsmanship or energy. In this case, too, much dependence is placed on ready-cooked foods, and the inevitable monotony results. Dr. Macmillan reports that one mother told her that "chocolate and bananas were the only things she could get the boy to eat." The experience in Fever Hospitals and Convalescent Homes of the improvement made during a stay in one of these, where regular hours, abundant plain food and adequate sleep are enforced, proves that in many cases of malnutrition the cause is mismanagement. After a day or two of fastidious selection of what it will eat and what it refuses the child falls into line with the others and eats all the meals provided. It is a common expe-

rience that this regimen alone will, in most cases, suffice to correct the malnutrition, even where the diagnosis of "Hilus Tuberculosis" has been made.

Ear Disease and Hearing.—The cases of Otitis Media considerably outnumber the cases of deafness. It is a matter for congratulation how much hearing is retained even when there are large perforations in the drum of the ear. My visits to School Medical Inspectors at their work assures me that defects of hearing are systematically sought for. Of all defects it is the one likely to be missed if not looked for. Dr. Lindsay's enquiries into all cases he met with in 1922 convince him that the large majority are the sequela of infectious disease. The child's medical history as given by the mother is that the ear discharge commenced soon after Measles (less often after Scarlet Fever), and in some cases during the course of the disease. The dangerous sequelæ have often been pointed out. A disadvantage which though not so serious is still a heavy handicap, is that persons with performated drums suffer serious headaches from loud noises. These people became noticeable on this account during the War. A heavy bombardment produced intolerable headache. Even rifle practice worried them considerably. Modern town noises, especially of a jarring type, produce the same results, but to a less pronounced extent.

It may not be out of place to remark here that many "locality" noises should be suppressed, e.g., the factory buzzer, the uncalled for hooting of motors, newspaper shouting, all of which have an injurious influence on many people.

The prevention of ear disease in children seems to lie with the general practitioner. Early and adequate treatment has the best prospect of preventing the occurrence of long continuing disease. The desirability of having an Aural Specialist on the Staff of Isolation Hospitals has been mentioned previously, but as cases of Measles (who are not generally isolated in Isolation Hospitals) produce the greater part of this disease, it would seem that a recognition of its importance, on the part of the general practitioner, is even more important.

6. INFECTIOUS DISEASE.

Diphtheria.—During the year swabbing of throats for Diphtheria Bacilli was carried out in three schools.

School.	No. examined.	Positive.
No. 1	93	3 carriers
No. 2	75	2 ,,
No. 3	618	6 ,,

At each of these schools after the discovery and isolation of carriers the incidence lessened, and in the case of No. 3 the epidemic was stayed.

Small-pox has occurred at Saddleworth, in the Colne Valley, at Woolley and at Bentley.

Vincent's Angina.—Some 8 cases of this disease were met with by Dr. Stephen in Rothwell. This disease is characterised by inflammation and ulceration of the gums, tonsils and pharynx. In its acute stage it is characterised by fever, dryness of the mouth, pain in the pharynx, especially in swallowing, and enlargement of the cervical glands. It often runs a protracted course—lasting for several weeks. It is very resistant to treatment, and has not the tendency to a fatal termination which diphtheria has. It is usually differentiated from other sorts of tonsillitis by the bacteriologist.

The following table shows a list of Schools and Departments closed for sickness during the year:—

Disease.	Schools or Departments closed by Order of Local Sanitary Authority.		Schools or Departments closed by Local Education Authority.	
	Schools.	Dept.	Schools.	Dept.
Measles	46	88	4	3
Whooping Cough ...	33	18	1	—
Scarlet Fever ...	9	2	1	—
Diphtheria ...	9	—	—	—
Chicken Pox ...	18	6	—	—
Mumps	4	4	1	—
Influenza	62	5	—	—
General Sickness ...	—	2	3	—
Enteric Fever ...	1	—	—	—
Small Pox	7	1	—	—
	189	126	10	3

(7) FOLLOWING UP.

The Nurses' activities in making sundry inspections in the Schools and visits to the homes of the school children are shown in the following return:—

No. of Nurses.	No. of School Visits.	No. of Home Visits.
160	7528	31169

That so many visits could be made and so few complaints arise is itself eloquent of the Nurses' tactfulness in carrying out difficult duties.

(8) MEDICAL TREATMENT.

The forms of medical treatment available for the school child are as before (1) its own medical man, (2) the School Medical Inspector and Health Visitor at the School Clinic, (3) the District Tuberculosis Officer at the Dispensary and—through him—the Sanatorium and Hospital for Surgical Tuberculosis, (4) the County Oculists and Dentists, (5) the General and Cottage Hospital, (6) Beds rented by the West Riding County Council in West Kirby Convalescent Home. The forms of treatment under (2), (3), (4)

and (6) are provided by the County Council; those under (1) and (5) are private arrangements.

The defective child is in every case first referred to its own medical practitioner. If for any reason that source of treatment is not available one of the other forms of treatment is resorted to.

There are 16 School Clinics staffed by whole-time Medical Inspectors. Medical Officers in charge of 50 Child Welfare Centres are general practitioners who see school children. Speaking generally of the work of the School Clinics there is no doubt that it enables children with contagious skin diseases to return to school much earlier that they would do if left to the ministrations at home. Again, as in 1921, School Medical Inspectors assert that where a School Clinic exists cases of disease get better much quicker than elsewhere. The prompt and efficient treatment which diseases of this class obtain at the School Clinic has no rival in any other source of medical treatment.

In two districts there was before the holidays a certain amount of Ringworm which was being treated at the School Clinic with every prospect of being cured. The holidays came and during the holidays the attendance at the clinics was not as regular as when the children were sent from school. After the holidays the cases of Ringworm were much more numerous.

(a) Minor Ailments.—The work of the School Clinics in the treatment of Minor ailments is shown in Table IV (a).

(b) Tonsils and Adenoids are not treated by operation, but after-treatment in the form of instruction in nasal breathing is given.

(c) Tuberculous children are sent to the nearest Tuberculosis Dispensary for treatment but make a certain number of attendances at the School Clinics so that they may not be lost sight of by the School Medical Inspector.

(d) Skin Diseases have been mentioned before. Dr. Stephen, who last year had under his care a large number of children with Ringworm, has made further trials of various remedies and recommends " Cyllin " very enthusiastically. He says: " With the exception of X-Rays I do not hesitate to say " that ' Cyllin ' is undoubtedly the most useful and the most " uniformly successful form of any treatment for Ringworm. This " may appear a bold statement, but out of nearly 50 cases there " has not been one which has not responded promptly and well. " I should like to instance the case of two sisters who have had " Ringworm for over two years. They had been treated by two " local doctors and at Leeds Infirmary, and had been attending " the Clinic for nine months before treatment by ' Cyllin ' was " commenced. In six weeks' time they were both cured. Hairs " taken from different parts of the head were sent on two occa- " sions to the County Hall Laboratory, and all specimens were

" returned negative. I saw the children the other day—seven " weeks after treatment had been discontinued. The scalps " looked clean and healthy and hair had grown thickly all over " the head. The mode of procedure is similar to that of any " other local application. The mother is directed to cut the hair " beyond the margin of the patch and to wash the head nightly " with soap and water. The child attends daily at the Clinic " and 'Cyllin' is swabbed on the affected part. Should a ring " of inflammation appear round the margin of the patch, a ring " shaped foment is cut and applied and swabbing still continued " in the centre, going as near the margin as is practicable."

This treatment has also been tried by the School Nurse at Holmfirth in the endeavour to stamp out Ringworm there. She writes very enthusiastically of its success. The prominence given to this matter is due to the fact that in obstinate cases of Ringworm of the scalp the alternative is X-Rays—a form of treatment which is expensive and, though generally effectual, is not without danger. The efficiency of any therapeutic agent is very difficult to assess. The treatment will be taken up in other Clinics to see if it will lessen the average duration of cases of Ringworm.

(e) External Eye Disease.—More than 2,000 children have been treated for External Eye Diseases. This class of ailments is very prone to be under-rated. A slight conjunctivitis is attributed by the parents to " cold " and in the comforting reflection of having made diagnosis allowed to go on until ulceration occurs. The Clinics effect a good deal of useful work in treating these.

(f) Vision.—The treatment of visual defects is available from the two part-time Oculists, Drs. Tomlin and Lodge. Three of the School Medical Inspectors (Drs. Coupland, Teare and Fleming) do a certain amount in their respective areas. A certain number of children go to General or Special Hospitals. Glasses are provided by contract at a cheap rate varying from 3/3 to 5/2. A certain amount of objection to the wearing of glasses by children is shown by the parents and by the children themselves and some children take the earliest opportunity to discard their glasses. The reasons for this action have been collected by Dr. Kerr. " Re-examination of all eye cases . . . . . is carried out." " (Such cases have been added to the routine 'groups' for in- " spection.) Quite 33% of these cases require advice of one kind " or another; one finds among them: Those who have 'broken " their glasses'; 'Can't find them'; 'Been advised by the " Oculist, but not obtained them'; 'Parents say they don't need " them'; 'Mother says I look " soft " in them': 'Steel frames " draw the eyes'; 'Only wear them at home'; and lastly, the " youth who only wore them 'when he read the Bible to his " grandmother.' "

(g) Ear disease and hearing.—As mentioned previously the treatment of Ear Disease in the acute stage is in the hands of the general practitioner. When the School Medical Inspector sees it

it is of long standing. A recent article on " Modern Technique in Treatment " hints a caution against syringing in all cases, and, for drops to be instilled into the ear recommends Boric Acid 15 gr. to an ounce of rectified spirit. This is used already in many of our Clinics. A visit to a Clinic when several children are being treated—the sight of the children lying on one side on forms while drops are being instilled into the ear which is uppermost, the subsequent cleaning and drying after an appropriate interval in which the drops can penetrate the middle ear—will convincingly demonstrate that the School Clinics are the only institutions where this painstaking and persevering treatment can be obtained. While it cannot be claimed that immediate and brilliant results follow this treatment, perseverance in it is often rewarded by cure and the less successful cases are at least rendered less offensive.

(h) Dental Defects.—The work done by the dentists, especially in rural areas, is often achieved under unfavourable conditions. Where the school accommodation is insufficient a room has to be hired generally in an Institute. Notwithstanding the handicap of unsuitable premises, the amount of travelling and the transport of apparatus, their work is producing a gradual improvement in the dental condition of school children.

Mr. Raeburn, reaffirming his belief in the importance of the " temporary molars " in " holding the fort " for the permanent molars, has at the same time come to recognise the impracticability of overtaking *all* the filling work that would be required to save them and has resorted largely to dressing savable temporary molars with metallic silver precipitated from an ammoniated solution of Silver Nitrate. The tooth is prepared for this " dressing " by having all the carious part freely excised. This is done quickly and with a minimum of discomfort by means of a carborundum point freely played on by a warm aqueous spray from an atomiser.

Dental Defects come within the survey of both School Medical Inspectors and Dentists. The former examine the teeth of the children of the several age groups, the latter examine the teeth of the children from 6 to 7 years of age. There are five whole-time dentists, two part-time dentists and six dental nurses. The dentist in the preliminary inspection notes the children in need of treatment, notifies their parents and asks for permission to operate. When sufficient " acceptances " have been received, he establishes a Clinic in the district, generally in a spare classroom, if not, then in some public institute. Mr. Townend is of opinion that the number of acceptances would be greater if the parents could be present at the inspection, when he could explain how the teeth are defective and how the defects are to be remedied. In the last report it was noted how the co-operation of the Head Teacher increases the number of acceptances. It is clear that the child itself has considerable influence in determining whether its parent shall accept treatment or not, for very often when it seems that no more acceptances will be received a

further considerable number of acceptances begin to come in after the dentist has commenced operative work. It is obvious that this is due to the first batch of dental beneficiaries having proclaimed to the timid ones that they have not been hurt by their treatment.

The dentists on revisiting an area where the school children have been previously treated are unanimous about the improved condition of the children's mouths and the permanence of the conservative work which has been done at a previous visit.

As to the causation of dental decay the Medical Research Council is organising investigations, of which the first report has been issued: "The Structure of Teeth in relation to Dental Decay," by J. Howard Mummery, Special Report Series No. 70. Other reports are expected.

Mr. Raeburn states: "A disquieting feature of the year's "survey, and one of sufficient interest and importance to merit "comment, was the large increase in the number of hypoplastic "(imperfectly developed) teeth that was met with. This applies "more particularly to the part of the adjoining area, Otley, that "was visited for the first time. Here my activities were chiefly "directed to the age group 6 to 8, and it was the exception to find "children with well calcified six-year molars. Instead one found "'visible' hypoplasia in all its manifestations. Nor was this "condition of imperfect development confined to the six-year "molars, though there is no doubt that these particular teeth are "peculiarly susceptible to any derangement of the mechanism "regulating the metabolism of lime salts; especially in the "younger members of the age group referred to, there seemed "also to be a definite declension in the standard of calcification "of the temporary teeth. My observations have not reached "the stage where it is possible to state categorically that this "increase of hypoplasia is a phenomenon which stops abruptly "with the children now aged 8 years, but I am inclined to believe "that it is so, and that it is a condition intimately associated "with the war-time food difficulties, during the years of which "these teeth were being calcified."

"The suggestion, of course, is not that there ever was any "insufficiency of lime salts in the food—nothing short of a starva- "tion diet would fail to provide the necessary lime content; but "that there was an insufficiency of an accessory food factor— "most probably the fat-soluble 'A' vitamine—and a consequent "interference with the normal calcium metabolism of the body.

"The real significance of hypoplasia is only now beginning to "be appreciated by investigators. In its grosser manifestations "it is readily recognised. It is the 'microscopic' variety of this "condition which promises to modify considerably our ideas as to "the aetiology of dental caries. In my last report I indicated "that 'however far one might be prepared to go with those who "hold that dental caries is largely a matter of dietetics, one "cannot but realise that the dietetic theory is not the whole "truth."

Dr. Sim Wallace, the distinguished protagonist of the dietetic theory, has hitherto strenuously opposed any suggestion that this theory was not all-sufficient; but in a paper published as recently as this month (January), in discussing the dissolution of enamel by the acid derived from the fermentation of food debris, he makes an important concession to those who had difficulty in subscribing without qualification to his doctrine. "Possibly," he says, "it "(the enamel) will dissolve more slowly if it is normal than if it "is abnormal."

Now the significance of this statement will be apparent when we note that according to the first published report of the committee of the Medical Research Council appointed to investigate the causes of dental disease, "there appears to be hardly a tooth of civilized man which does not show some defect of structure."

Mrs. Mellanby, too, in a recent paper bears out this contention. She made a microscopic examination of large numbers of teeth and found structural defects in practically all of them; and what is still more important, she established a definite relationship between microscopic hypoplasia and the incidence of caries.

The weakness of the dietetic theory has always been its failure to account for immunity; but in the light of these recent investigations, the degree of immunity would seem to depend on the degree of calcification, and the comparative rarity of absolute immunity to correspond with the almost universal prevalence of structural defect.

The prophylactic treatment of the future may therefore have to be directed not only towards the correction of dietetic errors once the teeth have erupted, but perhaps chiefly towards the ensuring of vitamine sufficiency from the earliest pre-natal days.

9. OPEN-AIR EDUCATION.

There are no "open-air Schools," but some of the latest schools, e.g., Highfields, Maltby, Adwick-le-Street and Rossington, are of a type which can, by opening all the windows, be converted into "Open-air Schools." These schools are built round a quadrangle. The classrooms have windows opening on one side into the open air. The corridors are ventilated and have a number of windows which open on to the quadrangle.

Highfields has, in addition, special folding windows and windows in the screens separating classrooms from the corridors.

Classes are, however, held in the playground, but not in my opinion as often as might be. In making this criticism I admit there may be obstacles and handicaps, as the absence, for instance, of school furniture and other teaching necessities, in the playground, but at the same time I feel so strongly the advantage of fresh air, of the cultivation of the fresh air habit, that I think these should outweigh the disadvantages mentioned before.

10. PHYSICAL TRAINING.

Physical training is a part of the school curriculum in all elementary schools. It is taught according to the revised syllabus of 1919. The organisers of physical training have visited almost all the schools in the West Riding at least once so that all the schools shall be made conversant with the revised Syllabus of 1919 and be kept in touch with new ideas and movements.

Classes for Teachers have been held at 17 centres (from Midsummer, 1921, to February, 1923), and 460 teachers attended. These classes have been held for the benefit of teachers who, on the issue of the 1919 Syllabus, found their knowledge inadequate to meet the new demands made by it.

The School Medical Inspection Staff has no official role in the supervision of physical training but has opportunities of watching it, and the teachers receive suggestions and permit friendly discussions in a cordial manner. Suggestions about the fitness of individual children to undergo drill—either the whole or part of the exercises, are made through the Head Teacher at the end of an inspection. In many cases enquiries originate with the head teacher or parent, and children undergo special examination to determine their fitness to take the whole course of physical training.

In the case of Secondary Schools, where physical training is in the hands of a specially trained teacher, he or she is encouraged to be present at the medical inspection, and this co-operation has proved to be of mutual benefit to both Medical Inspector and teacher.

The teaching of Folk Dances in Schools is increasingly popular, and the zest with which the children take up these dances is a justification in itself.

Organised Games. In many schools a school period of three quarters of an hour is allotted to organised games. Boys play cricket in summer and football in winter; girls play cricket or rounders and hockey. Many schools have the use of a field or the privilege of using a pitch in a public park, and in these cases the enthusiasm is very great. Even in the absence of a field a good deal can be done in the playgrounds. Some playgrounds with a good asphalt surface are marked out for tennis, but the cost of the necessary equipment probably limits its use to a few children.

The cost of equipment for cricket, football and hockey may be raised by forming a "Local Sports Association" of a group of schools, and the Education Committee make a grant up to 50% of the approved expenditure.

Many individual schools raise money by means of Concerts, Whist Drives, Jumble Sales and "Sports Days." Inter-school matches are played, and in some districts "Leagues" are formed. "Cups" are offered for competition. To one like

myself, who views the excessive professionalism of modern games with distrust, this imitation of "first-class" football and cricket causes distinct uneasiness lest games tend to be limited to the boys likely to achieve the distinction of being selected to represent the school. This tendency is discouraged by the Committee and the Organisers of physical training.

In spite of all these activities, it is astonishing to ascertain during our inspections how few grasp the real object of physical exercises, viz., an improved chest capacity with its beneficent results.

11. PROVISION OF MEALS.

Whenever the Provision of Meals Act is put into force in any area the Education Department notifies the School Medical Officer and submits the dietary for criticism and guidance. The School Medical Officer instructs the Health Visitor working in the area concerned to give what help she can. The School Medical Inspector in the district is asked to visit the school, where meals are provided, at times when the children are at table.

"Table habits" are primitive, and more detailed attention to these would mean improved habits at home.

12. SCHOOL BATHS.

Instruction in swimming was interfered with in 1921 owing to the dispute in the coal industry and the shortage of water. In 1922 the number of lessons in a course was reduced to eight.

The maximum amount of time allowed for instruction in swimming is 45 minutes calculated from the time of leaving to the time of returning to school. After deducting the time for going and coming back, undressing and dressing, as little as 15 minutes only remains for instruction in the water. An attempt has been made in some centres to overcome this disadvantage by land drill intended to teach swimming movements till they become automatic, but the results are uncertain.

13. CO-OPERATION OF PARENTS.

The co-operation of parents is sought in every possible way. They are notified in advance of the inspection of their children. The approximate hour is given, and if one parent has more than one child to be examined the children are examined together to obviate the parent's trouble in coming twice. Very few parents object to the medical inspection of their children, though a few are suspected of keeping them away on the days when the inspection is being made, in which case the reason is suspected to be, not so much an objection to inspection itself, as to the disclosures which might follow. The general picture is a bright one. The parents are deeply interested in the findings of medical inspection and listen attentively to the advice of the School Medical Inspector.

(14) CO-OPERATION OF TEACHERS.

From the reports of the School Medical Inspectors and Dentists, one statement comes with startling unanimity. The Head Teachers' interest is the cardinal necessity of successful work. If the Head Teacher identifies himself with the aim of school medical inspection its success is assured. On the other hand, if his interest is lukewarm or non-existent, school inspection is not half as successful as it might be. In the former case the cards are well prepared, the parents invited, the special cases selected with care, the inspection is *felt* to be successful, the actual work is more enjoyable, and the teacher being interested in the results is able to help the parents considerably. The reverse of this picture need not be painted, because it is the exception. One advantage—at least—of the teachers' presence at medical inspections might be mentioned. He would learn at least to make rough tests of vision, hearing and intelligence, so that in cases of doubt he would know how to verify suspicions of these defects without waiting till the next visit of the School Medical Inspector.

The benevolent activities of the teachers in organising the supply of hot milk at playtime have been mentioned. A gratifying incident noted in the cold snowy weather was a mid-day concert superintended by the teacher as an alternative to the children loitering about the schoolroom or playing in the snow slush.

Mention might here be made of the opportunity so often lost in educating children how to conduct themselves at the luncheon table. At present one sees children squatting on the floor, others in the corner of the playground, eating their food under conditions which are not at all hygienic or orderly, whereas the presence of a teacher and the children properly arranged round a table even without a table cover would lead to some good results.

15. CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

This has been mentioned before. The many duties which these officers perform has led to their receiving a new designation, ("School Enquiry Officers"), in the re-organisation of this branch of School service. Their co-operation in the work of medical inspection is mainly in securing attendance for examination of children whose school attendance is very bad. Their work, which takes them into so many homes, gives them an acquaintance which is only rivalled by that of the Health Visitor. In the examination of children who cannot for any reason attend school regularly they furnish information on the social state of the family which helps the Medical Inspector to form some picture of the child's environment. They often bring to light cases of mentally and physically defective children. They are, in fact, one of the chief sources of information on the incidence of crippling defects.

(16) CO-OPERATION OF VOLUNTARY BODIES.

The School Medical Inspectors or Health Visitors occasionally draw the attention of the Inspectors of the N.S.P.C.C. to children who are neglected.

District Nursing Associations are of special value. They take children to and from hospitals or seaside convalescent homes. The District Nurses (and also the Health Visitors) act as an information bureau for the district. They know the hours at which hospital staffs attend, the regulations and rules of different hospitals, the names of private persons or public bodies which can give "recommends" where these are necessary. They help the mothers in getting together prescribed outfits for children who are going into Institutions.

(17 BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

These children should be divided into two classes (1) children who are below school age and (2) children who are of school age. The Education Department is in possession of very complete knowledge of all blind, deaf, defective and epileptic children below school age. Children of school age are presented for examination by the School Medical Inspectors either as routine cases or special cases, and if in the opinion of the School Medical Inspector the child comes under one of the above categories, the case is reported to the School Medical Officer and by him to the Education Department. Other children, not attending school, are examined by the School Medical Officer or his staff either at the child's home or by arrangement at one of the school clinics.

(18) Statement of the Work of the School Medical Service in connection with Nursery Schools, including Results of Medical Inspection and Treatment.

There are no Nursery Schools in the County.

19. SECONDARY SCHOOLS.

Secondary Schools were previously inspected once every term. As the boys' schools are inspected by the male, and the girls' schools by the female Inspectors this involves some travelling from one district to another. It was found that on this plan an inordinate amount of time was devoted to secondary schools. In order to lessen that time and allow to elementary schools the time so saved a new arrangement was made by which secondary schools were visited twice instead of three times a year.

The "age groups" in secondary schools coming up for annual routine examination are two, viz., 12 year-old children or "Entrants" and 15 year-old children or "Leavers." The majority of children entering a secondary school do so in the Michaelmas term. The children who enter in the Lent or summer terms are generally new-comers to the district or children

on the waiting list whose application for admission can only be entertained as vacancies arise.

The medical inspection in the Michaelmas term therefore nets in the majority of entrants. A second inspection of entrants takes place in the summer term and the "Leavers" can be allotted to the two examinations. The interval therefore between entering school at the beginning of a term and being medically inspected is in any case less than five months. In this way there has been effected a considerable saving of time which has been devoted to the inspection of elementary schools.

The number of departments inspected was: boys 34, and girls 34. The number of boys and girls examined was 3,667 routine cases, 420 special cases, and 117 re-examinations. The return of defects discovered is given in Table IIa.

Speaking generally of the condition of secondary school children the defects seem to be associated with adolescence. My report for 1920 quoted the remarks of one School Medical Inspector on the frequency of "nervous instability" among boys in secondary schools. Other reports refer to "stooping shoulders," "sunken chests" and "clumsy walkers." Most of these peculiarities are associated with rapid growth at this period and particularly the growth of the bony skeleton without corresponding muscular development, so that the exquisitely accurate leverage of muscles acting on bones is temporarily lost and the resulting faulty co-ordination and control gives rise to clumsiness of movement. Many aspects of "adolescence" are treated in the Report on the "Differentiation of the Sexes in Secondary Schools" (Board of Education, 1923, Appendix V.). "Girls and "boys who pass rapidly through the stage of pubescence and "grow most rapidly are subjected to the greatest strain in the "accommodation of their circulation to the new conditions and "need more careful supervision for the time being in mental and "physical work. Such supervision is even more necessary for "girls than for boys." This difficulty of the circulation to accommodate itself to the new conditions is probably one of the causes of fainting in secondary school children.

The preponderance among girls of defects such as anæmia, spinal curvature, defective eyesight and minor physical defects seems to be fairly well established. The same report (loc. cit.) in discussing sexual differences of metabolism attributes to different calcium metabolism in females "that lesser grade of "softening of the bones leading to spinal curvature and postural "defects so common in girl pupils, so relatively uncommon "among boys."

The lesson to be deduced is that the "adolescent" boy or girl may need special care during this period. This seems to be recognised by Headmasters, e.g., one School Medical Inspector speaks enthusiastically of the co-operation of Heads of Secondary Schools and the close interest which they take in medical inspection. Similarly, the Assistant School Medical Officer reporting

to me on spending a day with an Inspector during the inspection of a Secondary School, recalls with pleasure the last half-hour spent with the Headmaster discussing the boys who have been the cause of some special anxiety and expresses his confidence that the medical contribution to the conference would be helpful to the Headmaster.

That the secondary school child may need some special solicitude is shown by the fact that a certain (small) proportion break down during school life in a secondary school after having spent an uneventful six or seven years in an elementary school, and the circumstances of the "breakdown" seem to point to the strain of school life with new subjects of study as the cause of the breakdown.

The close association of the Medical Inspector with the Headmaster as instanced above is likely to bring the work of medical inspection to its fullest fruition.

A Comparison of Physical Conditions in Elementary and Secondary Schools.

In the previous report (p. 29) figures were given showing the actual number of defects found in the inspection of secondary schools, and in the second column the number of defects which would have been found had the percentage occurrence been the same for secondary school children as it is for elementary school children. Dr. Davy has kept notes of the comparative findings in the case of girls from 12 to 14 years of age in elementary and secondary schools.

	Elementary Schools (653 exam.)		Secondary Schools (272 exam.)	
	No.	%	No.	%
Nits	425	65·0	96	35·0
Vermin	18	2·7	1	2·7
Malnutrition	152	23·0	90	33·0
Perfect Teeth	148	22·0	54	19·0
More than 2 decayed teeth ...	291	44·0	137	50·0
Defective eyesight greater than 6/12 in both	27	4·0	14	5·0
Defective eyesight greater than 6/12 in one eye only	54	8·0	25	9·0
Anæmia	83	12·0	41	15.0
Adenoids	63	9·0	41	15.0
Organic Heart Disease	7	1·0	1	0·35
Otorrhœa	7	1·0	1	0·35
Tuberculosis	8	1·0	2	0·7
Cervical glandular enlargement	72	11·0	38	14·0
Slight flat foot	—	33·0	165	60·0
Marked flat foot	—	39·0	74	27·0
Goitre	14	2·0	2	0·7

The number of Secondary school children considered to be suffering from malnutrition is surprisingly high. It cannot be denied that there is a social difference between elementary and secondary school children. The condition—that a secondary school child must attend school during a four years' course—imposes a dividing line between those who can and those who cannot afford to keep their children at school till sixteen years of age, so that there is a line dividing the social condition of these two classes. Dr. Davy has taken girls of the same age to obviate criticisms on account of difference of age. The case of malnutrition certainly seems astonishing, and is worthy of further investigation into possible factors such as the effect of homework, the strain of several new subjects of study—possibly long and inconvenient train journeys, and an unsatisfactory mid-day meal.

It is not infrequently noted that children living in the poorest circumstances have, as a class, better teeth than children who are better off.

Flatfoot has been taken as an index of muscular debility, and its development in a child certainly does indicate that the muscles supporting the arch of the foot are unequal to the task of supporting the body weight—a disharmony of growth, but the foot varies so much in different individuals that an inspection of feet alone would not enable the examiner to pick out those children with muscular debility.

20. CONTINUATION SCHOOLS.

There are no Continuation Schools in the West Riding.

21. EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

(1) The condition of the employment of children and young persons comes under the survey of the School Medical Inspectors at the "Leavers" examination, especially when the child's parent is present at the examination or the Head Teacher provides some information about the future employment of the child. If the child is in any way below the required standard the School Medical Inspector himself raises the question and discusses the suitability of the contemplated occupation.

(2) The School Medical service has been utilised for the examination of children under the "Employment of Children Act," and during the year 225 children were examined.

MISCELLANEOUS WORK UNDERTAKEN BY THE SCHOOL MEDICAL STAFF.

Bingley Training College.—Special visits were paid to the College in May by Dr. Nora Allan, to examine 87 students who were about to complete their second year of training. The candidates, after examination, were placed in the following classes:—

A 1 57 A 2 30

In September Dr. Allan again went to the College, together with Dr. Lawrence, and 102 newly-admitted students were examined. These were classified as follows:—

A 1 72 A 2 30

The college premises, the facilities for physical training, and the dietary were inspected, and all were found satisfactory.

Medical Certificates were submitted to the School Medical Officer for scrutiny in respect of 543 candidates for appointment as Bursars and Student Teachers, and of this number six were rejected. In addition 79 certificates were submitted on behalf of applicants for admission to Bingley Training College, and three were rejected.

CLINICAL PATHOLOGY.

The following specimens were taken by the School Medical Staff and submitted to the County Laboratory for examination:—

Throat Swabs	1660
Hairs and Scales for ringworm ...	1124
Total	2784

Special examinations were made during the year, as follows:—

(a) Cases examined under the Mental Deficiency Act, The Defective and Epileptic Children Act, or the Blind and Deaf Children Act	381
(b) School Absentees	254
(c) Teachers, Caretakers, Candidates and others ...	146
	781

Dr. Lawrence or myself have visited all the School Medical Inspectors and School Dentists at work during the year.

I must take this opportunity of thanking Dr. Lawrence, who has been largely responsible for the compilation of this report.

JAMES ROBT. KAYE,
School Medical Officer.

County Hall, Wakefield,
March, 1923.

West Riding County Council. Medical Inspection Departmen

No. of Elementary School Children inspected 1st January, 1922, t 31st December, 1922.

Table I. A.—Routine Medical Inspection.

Age.	ENTRANTS.					
	3	4	5	6	Other Ages	Total.
Boys ...	800	1918	3439	1848	284	8289
Girls ...	758	1900	3402	1622	309	7991
Total ...	1558	3818	6841	3470	593	16280

Age.	Inter-mediate Group.	LEAVERS.			Other Ages.	Total.	Gran Total
	8	12	13	14			
Boys	9492	8139	1370	89	—	9597	27378
Girls	9280	8006	1237	87	—	9330	26601
Total	18772	16144	2607	176	—	18927	53979

B.—Special Inspections.

	Special Cases.	Re-examinations (i.e., No. of children re-examined).
Boys	4716	4132
Girls	5226	3995
Totals	9942	8127

C.—Total number of individual children inspected by the Medic Officers, whether as Routine or Special Cases (no child beir counted more than once in one year).

No. of Individual Children inspected.
63921

Vest Riding County Council. Medical Inspection Department.

he number of Secondary School Children inspected 1st January, 1922, to 31st December, 1922.

'able I (a). A.—Routine Medical Inspections.

AGE.	ENTRANTS.									
	4	5	6	7	8	9	10	11	12	Totals.
oys	—	—	9	13	34	62	92	306	578	1094
irls	—	—	57	21	24	43	66	213	356	780
Total	—	—	66	34	58	105	158	519	934	1874

	Age Group 15.	Other ages.	Total.	Grand Total.
oys	566	439	1005	2099
irls	361	427	788	1568
Total ...	927	866	1793	3667

B.—Special Inspections.

	Special Cases.	Re-examinations (i.e., No. of children re-examined).
oys	145	67
irls	275	50
Totals	420	117

.—Total number of individual children inspected by the Medical Officer, whether as routine or special cases (no child being counted more than once in one year).

	4087

West Riding County Council. Medical Inspection Department.

TABLE II.

Return of Defects found in the course of Medical Inspection of Elementary School Children in 1922.

DEFECT OR DISEASE.	Routine Inspections.		Specials.	
	Number referred for treatment.	No. requiring to be kept under observation, but not referred for treatment.	Number referred for treatment.	No. requiring to be kept under observation, but not referred for treatment.
Malnutrition	954	491	94	42
Uncleanliness — Head	4074	314	1035	87
Uncleanliness — Body	388	65	158	41
Skin — Ringworm — Head	349	36	341	26
Skin — Ringworm — Body	55	3	29	1
Skin — Scabies	88	31	55	2
Skin — Impetigo	451	38	282	4
Skin — Other Diseases (Non-Tubercular)	404	141	327	44
Eyes — Blepharitis	754	180	202	17
Eyes — Conjunctivitis	232	20	193	2
Eyes — Keratitis	13	—	9	—
Eyes — Corneal Ulcer	15	—	18	—
Eyes — Corneal Opacities	49	11	22	—
Eyes — Defective Vision	4813	422	1479	259
Eyes — Squint	799	60	331	54
Eyes — Other Conditions	55	20	61	18
Ears — Defective Hearing	187	67	153	27
Ears — Otitis Media	440	37	218	8
Ears — Other Ear Diseases	215	27	149	5
Nose and Throat — Enlarged Tonsils	1946	3002	461	273
Nose and Throat — Adenoids	726	649	409	74
Nose and Throat — Enlarged Tonsils and Adenoids	545	226	199	27
Nose and Throat — Other Conditions	756	185	312	163
Enlarged Cervical Glands (Non-Tubercular)	681	1031	152	55
Defective Speech	83	79	52	26
Defective Teeth	—	—	—	—
Heart and Circulation — Heart Disease — Organic	193	329	39	41
Heart and Circulation — Heart Disease — Functional	147	385	8	16
Heart and Circulation — Anæmia	396	17	240	33
Lungs — Bronchitis	1245	229	65	18
Lungs — Other Non-Tubercular Diseases	687	142	24	25
Tuberculosis. Pulmonary — Definite	185	27	38	15
Tuberculosis. Pulmonary — Suspected	365	31	76	22
Tuberculosis. Non-Pulmonary — Glands	88	40	49	7
Tuberculosis. Non-Pulmonary — Spine	4	—	5	—
Tuberculosis. Non-Pulmonary — Hip	5	2	4	3
Tuberculosis. Non-Pulmonary — Other Bones and Joints	3	2	6	2
Tuberculosis. Non-Pulmonary — Skin	13	—	9	—
Tuberculosis. Non-Pulmonary — Other Forms	14	3	4	1
Nervous System — Epilepsy	16	15	9	15
Nervous System — Chorea	6	16	10	6
Nervous System — Other Conditions	51	117	30	15
Deformities — Rickets	116	13	18	4
Deformities — Spinal Curvature	112	108	44	20
Deformities — Other Forms	217	88	46	13
Other Defects and Diseases	561	474	530	386
Number of individual children having defects which required treatment or to be kept under observation	**27765**		**9420**	

West Riding County Council. Medical Inspection Department.

TABLE IIa.

Return of Defects found in the course of Medical Inspection of Secondary School Children in 1922.

DEFECT OR DISEASE.	Routine Inspections.		Specials.	
	Number referred for treatment.	No. requiring to be kept under observation, but not referred for treatment.	Number referred for treatment.	No. requiring to be kept under observation, but not referred for treatment.
Malnutrition	71	67	4	1
Uncleanliness — Head	100	56	16	—
Uncleanliness — Body	7	2	3	—
Skin — Ringworm — Head	2	—	—	—
Skin — Ringworm — Body	4	—	—	—
Skin — Scabies	4	2	4	—
Skin — Impetigo	—	—	—	—
Skin — Other Diseases (Non-Tubercular)	38	26	8	1
Eyes — Blepharitis	30	8	3	2
Eyes — Conjunctivitis	6	1	5	—
Eyes — Keratitis	—	—	—	—
Eyes — Corneal Ulcer	2	—	—	—
Eyes — Corneal Opacities	—	—	—	—
Eyes — Defective Vision	582	64	69	15
Eyes — Squint	22	—	1	—
Eyes — Other Conditions	6	—	1	—
Ears — Defective Hearing	15	10	6	2
Ears — Otitis Media	14	1	4	—
Ears — Other Ear Diseases	20	1	4	—
Nose and Throat — Enlarged Tonsils	86	192	16	8
Nose and Throat — Adenoids	20	20	9	2
Nose and Throat — Enlarged Tonsils and Adenoids	13	9	10	1
Nose and Throat — Other Conditions	46	11	13	4
Enlarged Cervical Glands (Non-Tubercular)	25	43	1	1
Defective Speech	—	—	—	—
Defective Teeth	—	—	—	—
Heart and Circulation — Heart Disease — Organic	23	47	8	12
Heart and Circulation — Heart Disease — Functional	23	28	4	5
Heart and Circulation — Anæmia	27	—	33	4
Lungs — Bronchitis	17	7	5	—
Lungs — Other Non-Tubercular Diseases	10	11	1	2
Tuberculosis — Pulmonary — Definite	—	—	—	1
Tuberculosis — Pulmonary — Suspected	15	1	2	—
Tuberculosis — Non-Pulmonary — Glands	6	4	—	2
Tuberculosis — Non-Pulmonary — Spine	1	—	—	—
Tuberculosis — Non-Pulmonary — Hip	—	—	—	—
Tuberculosis — Non-Pulmonary — Other Bones and Joints	—	—	—	—
Tuberculosis — Non-Pulmonary — Skin	2	—	—	—
Tuberculosis — Non-Pulmonary — Other Forms	—	2	—	—
Nervous System — Epilepsy	1	2	—	—
Nervous System — Chorea	2	—	2	3
Nervous System — Other Conditions	5	12	4	2
Deformities — Rickets	1	1	—	1
Deformities — Spinal Curvature	89	83	13	4
Deformities — Other Forms	46	20	4	—
Other Defects and Diseases	33	37	26	19
Number of individual children having defects which required treatment or to be kept under observation	1943		385	

West Riding County Council. Medical Inspection Department.

Table IV.—Treatment of Defects of Children during 1922.

A.—Treatment of Minor Ailments.

Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Skin—				
Ringworm, Head ...	1249	1185	230	6678
Ringworm, Body ...	543	516		
Scabies	438	326		
Impetigo	5787	4421		
Minor Injuries	3124	2509	463	2972
Other skin diseases ...	2273	2046	107	2153
Ear Disease	1867	1199	409	1608
Eye Disease (external and other)	3302	2070	889	2959
Miscellaneous	5173	4077	965	5042
Totals ...	23788	18349	3063	21412

B.—Treatment of Visual Defect.

Referred for refraction.	Number of Children.							
	Under Local Education Authority's Scheme Clinic or Hospital.	Submitted to refraction.			For whom glasses were prescribed.	For whom glasses were provided.	Recommended for treatment. other than by glasses.	For whom no treatment was considered necessary.
		By Private Practitioner or Hospital.	Otherwise.	Total.				
7422	878	192	—	686	834	487	6	78

West Riding County Council. **Medical Inspection Department.**

C.—Treatment of Defects of Nose and Throat.

Referred for Treatment.	NUMBER OF CHILDREN.			
	Received Operative Treatment.			Received other forms of Treatment.
	Under Local Education Authority's Scheme, Clinic or Hospital.	By Private Practitioner or Hospital.	Total.	
5348	82	583	665	?

D.—Treatment of Dental Defects.

1. Number of Children dealt with:—

	Routine.	Specials.	Total.
(a) Inspected by Dentists ...	13467	11625	25092
(b) Referred for Treatment	9527	9087	18614
(c) Actually Treated ...	8188	5411	13599
(d) Re-treated (result of periodical examination)	711	—	711

It is understood that cases under this head are also included under (c) above.

2. Particulars of time given and of operations undertaken:—

No. of half-days devoted to inspection.	No. of half-days devoted to treatment.	Total number of attendances made by the Children at the Clinics.	No. of Permanent Teeth.		No. of Temporary Teeth.		Total number of Fillings.	No. of administrations of general anæsthetics included in (4) and (6).	No. of other operations.	
			Extracted.	Filled.	Extracted.	Filled.			Permanent Teeth.	Temporary Teeth.
1	2	3	4	5	6	7	8	9	10	11
682	1602	14027	2551	5509	22966	3413	8922	2036	1713	1656

Table V.

Summary of Treatment of Defects as shown in Table IV. (A, B, C, D, and F, but excluding E).

Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Minor Ailments	23758	18349	3063	21412
Visual Defects	7422	686	192	878
Defects of Nose and Throat	5348	82	583	665
Dental Defects	18614	13599	—	13599
Other Defects	—	—	—	—
Total	55142	32716	3838	36554

Table VI.

Summary relating to Children Medically Examined at the Routine Inspections at Elementary Schools during the year 1922.

(1) The total number of children medically inspected at the routine inspections*	53,979
(2) The number of children in (1) suffering from—	
Malnutrition	1,445
Skin disease	1,596
Defective vision (including squint)	6,094
Eye disease	1,349
Defective hearing	254
Ear disease	719
Nose and throat disease	8,029
Enlarged Cervical Glands (non-tubercular) ...	1,712
Defective speech	162
Dental disease	8,336
Heart disease—	
Organic	522
Functional	532
Anæmia	413
Lung disease (non-tubercular)	2,303
Tuberculosis—	
Pulmonary—Definite	212
Suspected	396
Non-Pulmonary	174
Diseases of the Nervous System	221
Deformities	654
Other defects and diseases	1,035
(3) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear), who require to be kept under observation (but not referred for treatment)	9,084
(4) The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, &c.)	27,074
(5) The number of children in (4) who received treatment at clinics for one or more defects (excluding uncleanliness, defective clothing, &c.)	18,349

* Specials should not be included in this table.

Table VI (a).

Summary relating to Children Medically Examined at the Routine Inspections at Secondary Schools during the year 1922.

(1) The total number of children medically inspected at the routine inspections*	3,667
(2) The number of children in (1) suffering from—	
Malnutrition	138
Skin disease	76
Defective vision (including squint)	668
Eye disease	53
Defective hearing	25
Ear disease	36
Nose and throat disease	397
Enlarged Cervical Glands (non-tubercular) ...	68
Defective speech	—
Dental disease	630
Heart disease—	
Organic	70
Functional	51
Anæmia	27
Lung disease (non-tubercular)	45
Tuberculosis—	
Pulmonary—Definite	—
Suspected	16
Non-Tubercular	15
Diseases of the Nervous System	22
Deformities	240
Other defects and diseases	70
(3) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear), who require to be kept under observation (but not referred for treatment)	1,896
(4) The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, &c.)	751
(5) The number of children in (4) who received treatment at clinics for one or more defects (excluding uncleanliness, defective clothing, &c.)	—

* Specials should not be included in this table.

Table showing Nursing Districts, number of school and home visits, and number of cases seen by the School Nurses during the year ended 31st December, 1922.

DISTRICT.	School Visits.		Home Visits.			Name of School Nurse or Nursing Committee.
	No. of visits.	No. of Children examined.	No. of visits.	Kind of cases visited.		
				No. Neglected, Verminous, etc.	No. of other cases.	
Aberford	9	279	140	76	83	Aberford N.A.
Acomb, etc.	13	71	192	52	142	Acomb N.A.
Adwick-le-Street, etc.	3	271	71	3	17	D. Grieve.
Allerton Bywater	35	695	198	9	167	A. E. Williams.
Altofts	51	7868	275	—	275	Altofts N.A.
Ardsley, East and West	55	5510	143	12	135	M. M. Maxwell.
Askern	54	2447	85	81	74	E. Street-Smith.
Aston	151	3910	115	15	124	I. C. Kinning.
Austerfield and Bawtry	26	421	138	36	92	Bawtry N.A.
Badsworth	9	153	93	25	123	Badsworth N.A.
Barkston Ash	43	460	99	27	175	Barkston Ash N.A.
Barnoldswick	147	3881	431	108	349	S. Thornber.
Barugh	30	264	188	56	121	L. Snowden.
Barwick-in-Elmet	24	335	24	5	8	Barwick N.A.
Beal	24	1838	17	—	17	Whitley Bridge N.A.
Bentley, etc.	21	1539	24	—	3	M. Bailey.
Bilbrough	38	387	82	11	1	Bilbrough N.A.
Bingley	80	941	182	17	166	Bingley U.D.C.
Birdwell	43	1033	31	10	20	G. Hardisty.
Birkenshaw	56	1143	94	14	83	N. Robinson.
Birstall	104	5042	206	7	183	E. Penty.
Bolton-on-Dearne	20	2003	98	31	66	Bolton-on-Dearne U.D.C.
Boroughbridge	12	158	329	24	305	Boroughbridge N.A.
Boston Spa	20	208	57	—	14	Boston Spa N.A.
Bowland Rural	28	165	—	7	3	Ribblesdale N.A.
Bradfield, etc.	36	1702	89	53	67	R. Oates.
Bramham, etc.	31	704	107	66	48	Bramham N.A.
Brinsworth	9	279	136	7	163	Brinsworth N.A.
Burton Leonard	9	30	36	11	33	Burton Leonard N.A.
Calverley and Farsley	35	2594	49	3	49	F. Kellett.
Cantley	21	425	—	—	—	Cantley N.A.
Carcroft	18	1070	59	—	43	E. Nixon.
Castleford	90	3862	569	144	422	P. Evans.
Chapeltown	42	955	277	115	156	A. Laycock.
Conisborough, etc.	21	269	111	19	92	M. Clarke.
Cudworth	65	2367	167	65	115	M. H. Sutcliffe.
Cullingworth	26	671	47	66	22	E. A. Wilstrop.
Darfield	29	3485	66	7	6	L. E. Airey.
Darrington	18	847	10	6	1	Darrington N.A.
Darton	62	1372	307	44	354	M. A. Carr.
Denaby Main	21	3009	108	56	44	E. Dixon.
Dinnington	91	655	175	20	157	L. Langton.
Dodworth, etc.	5	1696	271	75	172	H. Stead.
Drax	11	33	26	12	32	Camblesforth N.A.
Earby	66	1626	500	251	272	Earby U.D.C.
Eccleshield	21	404	166	55	122	A. Booth.
Edlington	81	3424	137	24	64	A. Wootton.
Elland	47	379	22	7	—	L. M. Cowper.
Emley	15	434	2	1	1	M. A. Davies.
Farnham	40	596	148	27	136	Farnham N.A.
Featherstone	111	10049	447	175	272	M. Byford.
Flockton	10	269	29	1	24	Flockton N.A.
Garforth	45	1563	424	121	283	M. Day-Metcalfe.
Gildersome	36	403	83	3	79	Gildersome N.A.
Glasshoughton, etc.	100	4914	144	2	142	F. M. Fletcher.
Golcar	38	5019	218	50	170	Golcar N.A.
Goole U.	50	1951	421	315	106	L. Hardy.
Goole R.	50	1264	86	37	57	C. A. Illingworth.
Grassington	97	1248	139	64	29	C. Donnelly.
Great Ouseburn	32	881	33	20	4	Great Ouseburn N.A.
Green Hammerton	35	1037	28	5	35	Green Hammerton N.A.
Greetland	33	936	337	83	254	H. M. Wass.
Guiseley	74	4664	163	38	125	L. E. Lund.
Harewood	25	316	45	6	39	Harewood N.A.
Hebden Bridge	51	1940	90	14	71	N. Espley.
Heckmondwike	28	1027	355	30	348	Heckmondwike U.D.C.
Hemsworth R. (North)	94	4343	501	158	266	S. E. Boulton.
Hemsworth R. (South)	192	8795	222	24	198	A. Harrington.
Hipperholme	28	1086	128	28	102	E. Harrison.
Holmfirth	23	357	235	30	199	J. C. MacDonald.
Honley, etc.	48	1278	267	34	233	F. Abbott.
Horbury	22	712	214	29	193	C. Stordy.
Horsforth, etc.	28	1324	368	74	294	M. Winterburn.
Hoyland Nether	35	1255	50	29	18	C. M. Bailey.
Hunsingore	3	46	—	—	—	Hunsingore N.A.
Ilkley, etc.	114	1317	132	15	112	A. Broughton.
Kettlewell	45	480	25	—	2	Upper Wharfedale N.A.
Killinghall	47	955	99	11	30	Killinghall N.A.
Kirkburton	33	900	401	72	328	A. Leslie.
Kirkby Overblow	35	1349	104	3	101	Kirkby Overblow N.A.
Kiveton Park	72	3508	265	24	241	A. B. Cheetham.
Knaresborough U. & R.	53	1979	405	49	358	P. Witcherly.
Knottingley	87	1399	489	42	442	A. V. Jackson.
Ledsham	51	972	145	27	166	Ledsham N.A.
Long Marston	51	940	10	3	6	Long Marston N.A.
Luddenden	2	60	—	—	—	Luddenden and Midgley N.A.
Luddendenfoot	—	—	11	4	7	Luddendenfoot N.A.
Maltby, etc.	35	1716	425	186	217	C. E. Turner.
Marsden	65	4256	727	260	516	E. Briggs.
Methley	82	2139	529	10	518	A. M. Jolly.
Mexborough	191	4849	508	16	446	M. Williams.
Mirfield	93	2615	262	87	157	E. A. Davieson.
Monk Fryston	12	74	109	2	111	Monk Fryston N.A.
Mytholmroyd	13	974	376	217	243	I. Wilson.
New Mill	35	140	78	17	72	I. Davis.
Normanton	94	11492	354	143	210	E. Thomas.
North Stainley	19	201	36	6	44	North Stainley N.A.
Oakworth	10	150	24	11	13	Oakworth N.A.
Otley, etc.	129	1920	558	78	29	M. Taylor.
Outwood	23	581	115	26	89	E. Lewis.
Oxenhope	31	524	94	4	87	M. Cockshott.
Pannal	27	335	49	2	41	Pannal N.A.
Pateley Bridge	116	3968	103	7	96	M. E. Sorrell.
Penistone, etc.	44	634	92	11	94	A. Payne.
Pool	30	379	39	13	28	Arthington and Pool N.A.
Queensbury and Clayton	46	566	188	29	168	E. Gaukroger.
Rawcliffe	37	2871	11	—	—	Rawcliffe N.A.
Rawmarsh	96	549	297	10	307	Rawmarsh, etc., N.A.
Ripon City and Rural	145	3654	786	8	681	Ripon N.A.
Rishworth	27	757	776	98	684	A. Allan.
Rossington	48	2223	481	53	435	New Rossington N.A.
Rotherham Rural	38	1466	230	3	190	A. Howes.
Rothwell	169	5918	1248	10	883	Rothwell U.D.C.
Royston	40	6137	131	16	114	A. M. Donnelly.
Ryhill	139	5160	514	150	410	S. Noddings.
Saddleworth	52	1775	132	21	134	A. Maude.
Sawley	13	213	161	107	133	Sawley N.A.
Scissett	35	1859	18	5	14	Scissett N.A.
Sedbergh Rural	39	671	34	2	34	M. F. Lowis.
Selby U. and R.	72	2815	212	83	207	A. Stephens.
Settle (Bentham)	54	1758	177	31	134	Bentham N.A.
Settle (Lower)	35	831	131	32	80	Settle N.A.
Settle (Giggleswick)	21	355	65	18	78	
Sharow	25	403	140	43	36	Sharow and District N.A.
Shepley and Shelley	36	1057	521	2	519	L. A. Robson.
Silkstone	18	242	75	47	25	Silkstone N.A.
Skelmanthorpe	14	1124	438	10	441	Skelmanthorpe N.A.
Skelton	6	201	7	—	1	Boroughbridge N.A.
Skipton R. (Airedale)	30	2392	81	71	24	M. Longbottom.
Skipton R. (Glusburn)	129	2249	256	72	214	M. Stoddart.
Skipton Urban	83	2367	148	34	67	F. Harrop.
Slaithwaite	45	3445	251	46	199	G. Turner.
South Crosland	15	543	130	3	123	South Crosland N.A.
Sowerby Bridge	35	2954	142	17	134	M. Hart.
Spofforth	31	827	49	36	12	Spofforth N.A.
Springhead	48	684	127	64	63	Springhead N.A.
Stainforth	41	395	151	61	110	Stainforth, N.A.
Stanley	24	1417	85	65	40	A. Poulston.
Stocksbridge	79	1739	288	—	294	Stocksbridge N.A.
Swinton	36	1971	342	11	160	F. L. Smith.
Swinton Bridge	31	2636	148	24	117	C. Lascelles.
Tadcaster Rural	54	662	383	25	412	E. M. Cowen.
Thorne Rural	19	507	90	4	94	L. Wilson-Barrett.
Thorner, etc.	16	115	130	1	144	Thorner N.A.
Thurgoland	51	1963	167	162	72	A. Marlais-Davies.
Thurnscoe	72	1699	201	277	238	W. Bailey.
Tickhill	3	9	61	3	58	Tickhill N.A.
Ulleskelf	24	93	331	2	236	Ulleskelf N.A.
Wakefield Rural	45	2090	199	54	167	A. Parry.
Walton	13	327	101	12	91	Walton N.A.
Wath-on-Dearne	35	1312	339	286	53	E. McBride.
Wetherby	148	2861	710	3	709	M. S. Elliott.
Whitwood	49	1744	313	17	230	S. Tate.
Wilsden	84	1894	90	14	75	Wilsden and Harden N.A.
Wombwell	45	1048	249	14	233	Wombwell U.D.C.
Womersley	7	110	11	—	11	Womersley N.A.
Woolley	14	840	42	17	25	Bretton West N.A.
Worsborough	32	576	119	25	94	M. A. McEvoy.
Worth Valley	25	1632	91	76	15	M. H. Mitchell.
Yeadon	27	740	76	9	67	L. A. Cracknell.
Totals	7528	268839	31169	6759	23961	